## Declaration and Power of Attorney For Patent Application

As below-named inventors, we do hereby declare that:

(check one)

Our residences, post office addresses and citizenship are as stated below next to our names,

We believe we are the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled GUIDE SYSTEM FOR CONTROLLED MANIPULATION OF SURGICAL INSTRUMENTS, the specification of which

X is attache	d hereto.			
was filed	on		as	•
Application Serial I	No			
and was amended	on		·	
	(if applie	cable)		
-		iewed and understand the amended by any amendment		
_	-	ose information which is ma 7, Code of Federal Regulation		
application(s) for	patent or inventor' for patent or inven	efits under Title 35, United s certificate listed below an tor's certificate having a filing	d have als	o identified below any
Prior Foreign Application(s)			Priority Claimed	
	(Country)	(Day/Mo./Yr. Filed)	Yes	No (Number)
	(Country)	(Day/Mo./Yr. Filed)	Yes	No (Number)
	(Country)	(Day/Mo./ 11. 1 lied)	Yes	No (Number)
,	(Country)	(Day/Mo./Yr. Filed)	165	(No (Number)

We hereby claim the benefit under Title 35, United States Code, §120 of any United States applications(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States Application in the manner provided by the first paragraph of Title 35, United States Code, §112, we acknowledge the duty to disclose material information as

defined in Title 37, Code of Federal Regulations, §1.56(a) which occurred between the filing date of the prior application and the national or PCT international filing date of this application:

(Applic. S/N)	(Filing Date)	(Statuspend., pat., abandoned)
(Applic. S/N)	(Filing Date)	(Statuspend., pat., abandoned)

We hereby declare that all statements made herein of our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As named inventors, we hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number) Charlene R. Jacobsen, Reg. No. 42,688

Jordan M. Meschkow, Reg. No. 31,043

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		- /
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Applicants or Patentees: Reginald C. Baptiste, Scott A. Sher.

Serial or Patent No.:

Attorney's

Filed or Issued: Herewith

Docket No.: 3533-020

For: GUIDE SYSTEM FOR CONTROLLED MANIPULATION OF SURGICAL INSTRUMENTS

## VERIFIED STATEMENT (DECLARATION) CLAIMING SMALL ENTITY STATUS (37 CFR 1.9(f) and 1.27(b))-INDEPENDENT INVENTOR

As a below-named inventor, I hereby declare that I qualify as an independent inventor as defined in 37 CFR 1.9(c) for purposes of paying reduced fees under section 41(a) and (b) of Title 35, United States Code, to the Patent and Trademark Office with regard to the invention entitled, GUIDE SYSTEM FOR CONTROLLED MANIPULATION OF SURGICAL INSTRUMENTS,

described in		
the specificat application se	ion filed herewith erial no, filed , issued	
to assign, grant, conve	ey or license, any rights in the inver eventor under 37 CFR 1.9(c) if that not qualify as a small business (	am under no obligation under contract or lavation to any person who could not be classifient person had made the invention, or to an concern under 37 CFR 1.9(d) or a nonprof
		signed, granted, conveyed, or licensed or an , convey, or license any rights in the invention
persons, con-	•	m each named person, concern or o their status as small entities. (37 CFR 1.27)
FULL NAME		
	Small Business Concern	
FULL NAME		
ADDRESSIndividual	Small Business Concern	Nonprofit Organization
FULL NAME		
ADDRESSIndividual	Small Business Concern	Nonprofit Organization

I acknowledge the duty to file, in this application or patent, notification of any change in status resulting in loss of entitlement to small entity status prior to paying, or at the time of paying, the earliest of the issue fee or any maintenance fee due after the date on which status as a small entity is no longer appropriate. (37 CFR 1.28(b)).

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this verified statement is directed.

SOLE or FIRST INVENTOR: Reginald C. Baptiste JOINT OR SECOND INVENTOR: Date THIRD INVENTOR:

Date